

# APPLICATION FOR APPOINTMENT

## CALIFORNIA DEPARTMENT OF INSURANCE



*The Insurance Commissioner periodically makes appointments to several advisory boards and commissions, many of which are required by statute. Appointments are for a specified term. Some positions require a specific background for consideration. All applicants must complete and submit an application form. We offer equal opportunity to all regardless of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age or sexual orientation.*

1. Date of Application:

Mr.

2. Mrs.

Miss/Ms.

First Name

Middle Initial

Last Name

3. Position(s) Sought: (List in order of preference)

a.

b.

c.

4. Driver's License #: \_\_\_\_\_ 5. Date of Birth: \_\_\_\_\_

6. Social Security #: \_\_\_\_\_ 7. Sex: \_\_\_\_\_ M \_\_\_\_\_ F

8. Name of Spouse: \_\_\_\_\_

9. Are you a registered voter? \_\_\_\_\_ Y \_\_\_\_\_ N County: \_\_\_\_\_

10. Please indicate party affiliation: \_\_\_\_\_

11. Please identify your state Senator and Assembly member:

Senator: \_\_\_\_\_

Assembly member: \_\_\_\_\_

12. Residence Address: \_\_\_\_\_

City

State

Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Cellular: (\_\_\_\_) \_\_\_\_\_

Pager: (\_\_\_\_) \_\_\_\_\_

California Department of Insurance  
300 Capitol Mall, Suite 1600  
Sacramento, CA 95814  
Phone: (916) 492-3500  
Fax: (916) 323-1944

13. Business Title:

Company:

Address:

Phone: (      )	Fax: : (      )
Cellular: (      )	Pager: (      )

14. Work Experience (current to last 12 years):

Employer	Title/Type of Business	City/State	From Date	To Date

15. Educational History:

College/Graduate School (Location)	From Date	To Date	Degree	Major

16. Please list professional licenses and certificates:

	Certificate:      Issued		Certificate:      Issued:
a.		c.	
b.		d.	

17. Please list any insurance licenses which you hold and the expiration date. Use a separate piece of paper for additional insurance licenses.

	Type of License	License Number	Expiration Date
a.			
b.			

c.			
d.			

18. List all current organizations and societies of which you are a member:

Organizations/Societies	Position	From

19. Many positions require the appointment of persons with special backgrounds, experience, etc. Please indicate below those categories for which you may qualify. Please mark only the category which specifically describes your current occupation, employment, or status.

<input type="checkbox"/> Advanced Technology	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Attorney
<input type="checkbox"/> Education	<input type="checkbox"/> Environment	<input type="checkbox"/> Financial Institution
<input type="checkbox"/> Higher Education	<input type="checkbox"/> Insurance	<input type="checkbox"/> Health
<input type="checkbox"/> Labor	<input type="checkbox"/> Local Government	<input type="checkbox"/> Student
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Small Business	<input type="checkbox"/> Veteran
<input type="checkbox"/> Consumer Affairs	<input type="checkbox"/> Other:	

20. Insurance Please mark categories in which you have experience:

a. Insurance Companies (are now or have been affiliated with):

<input type="checkbox"/> Capital Stock Company	Position:
<input type="checkbox"/> Mutual Company	Position:
<input type="checkbox"/> Reciprocal Exchange Company	Position:

b. Please check appropriately: Are you currently or formerly an:

☐ Agent      ☐ Broker      ☐ Exclusive      ☐ Independent

c. Types of Insurance

<input type="checkbox"/> Auto	<input type="checkbox"/> General Liability
<input type="checkbox"/> Crime and Surety	<input type="checkbox"/> Property
<input type="checkbox"/> Earthquake	<input type="checkbox"/> Title
<input type="checkbox"/> Life	<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/> Homeowner's	<input type="checkbox"/> Other (specify):

21. ☐ Y ☐ N Has any license, insurance or otherwise, ever been revoked or suspended? If yes, please explain.  
Use additional paper if necessary.

22. ☐ Y ☐ N Have you resided at your current residence less than five years? If yes, please list all residences for the past five years.

23. \_\_\_\_Y \_\_\_\_N Are you a citizen of a country other than the United States? If so, list country:  
\_\_\_\_\_.
24. \_\_\_\_Y \_\_\_\_N Have you ever been affiliated (as an officer, owner, director, trustee, partner, advisor or consultant) with any institutions (corporations, firms, partnerships, business enterprises, non-profit organizations, etc.) Within the past five years which might present a potential conflict of interest or appearance of conflict of interest with your requested appointment? If yes, please explain.
25. \_\_\_\_Y \_\_\_\_N Do you own real property, personal property, or financial holding which might present a potential conflict of interest or appearance of conflict of interest with your requested appointment? If yes, please explain.
26. \_\_\_\_Y \_\_\_\_N Have you ever been convicted of violation of any federal, state, county, or municipal law, regulation or ordinance (including traffic violations for which a fine of \$100.00 or more was imposed, this includes driving under the influence of alcohol or drugs)? If yes, please explain.
27. \_\_\_\_Y \_\_\_\_N Are you currently under federal, state or local investigation for possible violations of a criminal law, or ordinance? If yes, please explain.
28. \_\_\_\_Y \_\_\_\_N Has a tax lien or other collection procedure ever been instituted against you by federal, state or local authorities? If yes, please explain.
29. \_\_\_\_Y \_\_\_\_N Have your ever been disciplined or cited for breach of ethics or unprofessional conduct or been the subject of a complaint to any court, administrative or regulatory agency, professional association, disciplinary committee, or other professional group? If yes, please explain.
30. \_\_\_\_Y \_\_\_\_N Have you ever been involved in civil litigation, or administrative or legislative proceedings of any kind, either as a plaintiff, defendant, respondent, witness, or party in interest? If yes, please explain.
31. \_\_\_\_Y \_\_\_\_N Have you ever run for political office, served in a political office, or been identified publicly with a particular political organization, candidate or issue? If yes, please explain.
32. \_\_\_\_Y \_\_\_\_N Have you been publicly identified, in person or by organizational members, with a particularly controversial national, state or local issue? If yes, please explain.
33. \_\_\_\_Y \_\_\_\_N Have you ever submitted oral or written views to any government authority or news media on any particular controversial issue other than in an official government capacity? If yes, please explain.
34. \_\_\_\_Y \_\_\_\_N Have you ever written any particularly controversial books or articles? If yes, please explain.
35. \_\_\_\_Y \_\_\_\_N Have you ever had any association with any person, group, or business venture which could be used, even unfairly, to impugn or attack your character and qualifications for the requested appointment? If yes, please explain.
36. \_\_\_\_Y \_\_\_\_N Do you know anyone who might take any steps, overtly or covertly to attack your appointment? If yes, please explain.

37. \_\_\_\_Y \_\_\_\_ N    Is there anything in your background which if made known to the general public through your appointment would cause an embarrassment to you and/or the administration? If yes, please explain.
38. \_\_\_\_Y \_\_\_\_ N    Are you presently on partial or full employment disability or retirement or have you applied for any? If yes, please explain.
39. \_\_\_\_Y \_\_\_\_ N    Please explain why you wish to be appointed by the Commissioner.

I certify that all information submitted by me in this application is true and correct.

Date: \_\_\_\_\_ By: \_\_\_\_\_

**RETURN THIS APPLICATION FORM TO:**

Office of the Commissioner  
Attention: Nancy O. Lee  
Department of Insurance  
300 Capitol Mall, Suite 1600  
Sacramento, CA 95814